


SEP 14 2018

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B
LEGISLATIVE RESOURCE CENTER
For New Members, Candidates, and New Employees
18 SEP 20 AM 10:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Page 1 of 10

Name: Candius M. Stearns Daytime Telephone:

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election: November 6, 2018	State: MI District: _____	<input type="checkbox"/> Check if Amendment Period Covered: January 1, 2018 to September 14, 2018	 (Office Use Only)
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		
A \$200 penalty shall be assessed against any individual who files more than 30 days late.				

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
---	--

Page 2 of 10

Use additional sheets if more space is required.

Name: Candius M. Stearns

Page 3 of 10

[illegible]

Use additional sheets if more space is required.

Name: Candius M. Stearns Page 4 of 10

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

100

[illegible]

SCHEDULE D – LIABILITIES

Name: **Candius M. Stearns**

Page **5** of **10**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	Chase Sapphire Credit Card	12/17	Credit Card Debt	X										

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Owner & President	DFBenefits, Inc.
Owner	DFB TPA Services LLC
Owner	DF Property and Casualty LLC

SCHEDULE F – AGREEMENTS

Name: Candius M. Stearns

Page 12 of 10

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
See Attached Excel sheet		See attached Excel Sheet Labeled Schedule J

Exhibit

	E	F	G
1	Customer	City/State	Brief Description of Duties
1829	S & G Fabricators Total	Area/Mi	ACA Compliance HR Services
1912	Craig's Inc. Total	Tri-Country	ACA Compliance HR Services
2048	Colortech Graphics Total	Area/Mi	ACA Compliance HR Services
2048	Colortech Graphics Total	Tri-Country	ACA Compliance HR Services
2201	The Huntsman Hunt Club, Inc. Total	Tri-Country	ACA Compliance HR Services
2201	Total	Area/Mi	ACA Compliance HR Services
2349	Iconnect Total	Area/Mi	ACA Compliance HR Services
2522	Federated Capital Corporation Total	Tri-Country	ACA Compliance HR Services
2522	Total	Area/Mi	ACA Compliance HR Services
2687	Federated Service Solution Total	Tri-Country	ACA Compliance HR Services
2687	Federated Service Solution Total	Area/Mi	ACA Compliance HR Services
2693	R&E Automated (deleted) Total	Tri-Country	ACA Compliance HR Services
2693	R&E Automated (deleted) Total	Area/Mi	ACA Compliance HR Services
2815	Casadel Structural Steel, Inc Total	Tri-Country	ACA Compliance HR Services
2815	Casadel Structural Steel, Inc Total	Area/Mi	ACA Compliance HR Services
2988	Campus Village Concepts Total	Tri-Country	ACA Compliance HR Services
2988	Campus Village Concepts Total	Area/Mi	ACA Compliance HR Services
3025	The Envelope Printery (deleted) Total	Tri-Country	ACA Compliance HR Services
3025	Total	Area/Mi	ACA Compliance HR Services
3242	Kramer Electronics USA (IRule LLC) Total	Tri-Country	ACA Compliance HR Services
3242	Kramer Electronics USA (IRule LLC) Total	Area/Mi	ACA Compliance HR Services
3280	Great Lakes Central Railroad Total	Tri-Country	ACA Compliance HR Services
3280	Total	Area/Mi	ACA Compliance HR Services
3336	Universal Tool Total	Tri-Country	ACA Compliance HR Services
3336	Universal Tool Total	Area/Mi	ACA Compliance HR Services
3482	4D Systems Total	Tri-Country	ACA Compliance HR Services
3482	4D Systems Total	Area/Mi	ACA Compliance HR Services
3600	Frank Rewold and Son Inc. Total	Tri-Country	ACA Compliance HR Services
3600	Frank Rewold and Son Inc. Total	Area/Mi	ACA Compliance HR Services
3753	Treva Automation Total	Tri-Country	ACA Compliance HR Services
3753	Treva Automation Total	Area/Mi	ACA Compliance HR Services
4030	Scott Industries, Inc. Total	Tri-Country	ACA Compliance HR Services
4030	Scott Industries, Inc. Total	Area/Mi	ACA Compliance HR Services
4328	The Classic Jerky Company Total	Tri-Country	ACA Compliance HR Services
4328	The Classic Jerky Company Total	Area/Mi	ACA Compliance HR Services
4381	FEI Services Company Total	Tri-Country	ACA Compliance HR Services
4381	FEI Services Company Total	Area/Mi	ACA Compliance HR Services
4592	SVT Total	Tri-Country	ACA Compliance HR Services
4592	SVT Total	Area/Mi	ACA Compliance HR Services
4593			

Customer	City/State	Brief Description of Services
Mason McBride	Troy/Mi	Insurance Agent Commissions
Assurant Employ	Michigan	Insurance Agent Commissions
AHL Insurance	Michigan	Insurance Agent Commissions
EBSO	Michigan	Insurance Agent Commissions
HAP	Michigan	Insurance Agent Commissions
Humana	Michigan	Insurance Agent Commissions
Allied Benefits	Michigan	Insurance Agent Commissions
MetLife	Michigan	Insurance Agent Commissions
United Healthcar	Michigan	Insurance Agent Commissions
BCBSM	Michigan	Insurance Agent Commissions
Total Healthcare	Michigan	Insurance Agent Commissions
Unum	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
Action Benefits	Michigan	Insurance Agent Commissions
Guardian	Michigan	Insurance Agent Commissions

80410

Exh. b. 7 far
5

**FILER NOTES
(Optional)**

Name: Candius Stearns

Page 9 of 10

[illegible]

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Candius

Page 10 of 10

[illegible]

Use additional sheets if more space is required.